2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# L01000011714

Entity Name: GARY FOLL & SONS LAWN SERVICE, LLC

Current Principal Place of Business:

7713 INDIAN RIDGE TRAIL N
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

1503 CROSSRIDGE DRIVE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-3736024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLL, GARY D
1503 CROSSRIDGE DRIVE
BRANDON, FL 33510

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FOLL, GARY A
Address: 7713 INDIAN RIDGE TRAIL N
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM ( ) Delete
Name: FOLL, GARY D
Address: 1503 CROSSRIDGE DR
City-St-Zip: BRANDON, FL 33510

Title: MGRM ( ) Delete
Name: FOLL, VICKI L
Address: 1503 CROSSRIDGE DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOLL, ARTHUR G
Address: 7713 INDIAN RIDGE TRAIL N
City-St-Zip: KISSIMMEE, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICKI L. FOLL MGRM 03/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date